

ACASI BOYS SURVEY

Survey Language : English-US

Sq. NO.	Question	Response	Response Values	SkipThis	Skip TO
2	A1_Boy_155	Have you ever used any of the substances(drugs) listed here (tick all that apply)	None	0	
2	A1_Boy_38	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Cocaine/crack/coke/snow	1	
2	A1_Boy_225	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Rohypnol/Rochies/Roomies	2	
2	A1_Boy_54	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Dagga/Zoll/Weed/Ganja/Joint	3	
2	A1_Boy_134	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Mandrax/buttons/mandies	4	
2	A1_Boy_105	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Heroin/Dope/Skag	5	
2	A1_Boy_68	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Ecstasy/E Love Drug	6	
2	A1_Boy_94	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Glue/petrol/poopers/benzene	7	
2	A1_Boy_132	Have you ever used any of the substances(drugs) listed here (tick all that apply)	LSD/acid/caps	8	
2	A1_Boy_239	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Speed/obies nobies	9	
2	A1_Boy_64	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Downers	10	
2	A1_Boy_238	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Special K/KET	11	
2	A1_Boy_48	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Crystal meth/Tik/Tuk-Tuk	12	
2	A1_Boy_36	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Cigarettes	13	
2	A1_Boy_17	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Alcohol	15	
2	A1_Boy_158	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Nyaope	16	
2	A1_Boy_180	Have you ever used any of the substances(drugs) listed here (tick all that apply)	Others	77	
3	A2_Boy	In the past year how often have you used the substance(s) mentioned above	Almost every day Once a week or more Every few weeks About once a month Only once or twice Never	1 2 3 4 5 6	
12	B1_Boy	Have you ever experienced any violence (if yes you can initiate referral/distress protocol)	Yes No SKIPE BY PARTICIPANTS	1 2 999	No --> B21_Boy
13	B2_Boy_206	Please specify the violence experienced (Select those	Physical violence (e.g. shoving;	1	

		that apply to you)	hitting)			
13	B2_Boy_217	Please specify the violence experienced (Select those that apply to you)	Psychological violence (e.g. name-calling)	2		
13	B2_Boy_232	Please specify the violence experienced (Select those that apply to you)	Sexual violence (e.g. rape)	3		
13	B2_Boy_13	Please specify the violence experienced (Select those that apply to you)	Abuse or negligence (e.g. depriving dependent children)	4		
13	B2_Boy_67	Please specify the violence experienced (Select those that apply to you)	Economic abuse (e.g. preventing independent use of money)	5		
13	B2_Boy_46	Please specify the violence experienced (Select those that apply to you)	Corporal punishment	6		
13	B2_Boy_53	Please specify the violence experienced (Select those that apply to you)	Cyberbullying/online	7		
14	B3a_Boy	How many times have you experienced the forms of violence you have selected: Physical violence (e.g. shoving; hitting)	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 More than 30 999	B2_Boy <=> Physical violence (e.g. shoving; hitting)	

15	B3b_Boy	How many times have you experienced the forms of violence you have selected: Psychological violence (e.g. name-calling)	SKIPE BY PARTICIPANTS COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	B2_Boy <> Psychological violence (e.g. name-calling)		

				40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999		
16	B3c_Boy	How many times have you experienced the forms of violence you have selected: Sexual violence (e.g. rape)	SKIPE BY PARTICIPANTS COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35	B2_Boy <-> Sex before marriage is wrong	

				36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999		
17	B3d_Boy	How many times have you experienced the forms of violence you have selected: Abuse or negligence (e.g. depriving dependent children)	SKIPE BY PARTICIPANTS COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	B2_Boy <> Abuse or negligence (e.g. depriving dependent children)	

				32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999		
			SKIPE BY PARTICIPANTS			
18	B3e_Boy	How many times have you experienced the forms of violence you have selected: Economic abuse (e.g. preventing independent use of money)	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	B2_Boy ↔ Economic abuse (e.g. preventing independent use of money)	

				28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999		
19	B3f_Boy	How many times have you experienced the forms of violence you have selected: Corporal punishment	SKIPE BY PARTICIPANTS COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	B2_Boy <- Corporal punishment	

				24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
20	B3g_Boy	How many times have you experienced the forms of violence you have selected: Cyberbullying/online	SKIPE BY PARTICIPANTS COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	B2_Boy <-> Cyberbullying/online		

				20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
			SKIPE BY PARTICIPANTS				
21	B4_Boy_22	Where did the violence happen? (Select those that apply to you)	At school	1			
21	B4_Boy_159	Where did the violence happen? (Select those that apply to you)	On the way to and from school	2			
21	B4_Boy_20	Where did the violence happen? (Select those that apply to you)	At my home	3			
21	B4_Boy_90	Where did the violence happen? (Select those that apply to you)	Friend home	4			
21	B4_Boy_75	Where did the violence happen? (Select those that apply to you)	Family home	5			
21	B4_Boy_190	Where did the violence happen? (Select those that apply to you)	Park	6			
21	B4_Boy_133	Where did the violence happen? (Select those that apply to you)	Mall	7			

21	B4_Boy_220	Where did the violence happen? (Select those that apply to you)	Public toilets	8		
21	B4_Boy_177	Where did the violence happen? (Select those that apply to you)	Other Public spaces	9		
21	B4_Boy_126	Where did the violence happen? (Select those that apply to you)	Internet/online	10		
21	B4_Boy_999	Where did the violence happen? (Select those that apply to you)	SKIPE BY PARTICIPANTS	999		
22	B5_Boy	What time did the violence happen?	Morning During the day Evening At Night SKIPE BY PARTICIPANTS	1 2 3 4 999		
23	B6_Boy	Do you know the person who hurt you/committed form of violence?	Yes No SKIPE BY PARTICIPANTS	1 2 999		No --> B8_Boy
24	B7_Boy	Can you tell me who they are?	Peer(s) Parents/guardian Familymember (i.e aunts, uncles, nieces) Brothers/sister Partner (boyfriend/girlfriend) Teacher Stranger Other SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 8 999		
24a	B7a_boy	If other specify				
25	B8_Boy	Did you tell anyone that the violence happened to you?	Yes No SKIPE BY PARTICIPANTS	1 2 999		No --> B13_Boy
26	B9_Boy	Did you tell them who the guilty person was	Yes No SKIPE BY PARTICIPANTS	1 2 999		No --> B11_Boy
27	B10_Boy_243	If yes: who did you tell about the violence (you may select multiple options)	Teacher	1		
27	B10_Boy_213	If yes: who did you tell about the violence (you may select multiple options)	Principal	2		
27	B10_Boy_183	If yes: who did you tell about the violence (you may select multiple options)	Parent/guardian	3		
27	B10_Boy_234	If yes: who did you tell about the violence (you may select multiple options)	Sibling	4		
27	B10_Boy_91	If yes: who did you tell about the violence (you may select multiple options)	Friend home	5		
27	B10_Boy_40	If yes: who did you tell about the violence (you may select multiple options)	Community leader (priest,ward counsellor etc.)	6		
27	B10_Boy_211	If yes: who did you tell about the violence (you may select multiple options)	Police officer	7		
27	B10_Boy_102	If yes: who did you tell about the violence (you may select multiple options)	Health Care provider	8		
27	B10_Boy_175	If yes: who did you tell about the violence (you may select multiple options)	Other	9		
27	B10_Boy_999	If yes: who did you tell about the violence (you may select multiple options)	SKIPE BY PARTICIPANTS	999		
28	B11_Boy	Who did you formally (file a complaint) report the violence to	Health Care provider Teacher	1 2		

			Police officer Social worker Other SKIPE BY PARTICIPANTS	3 4 999		
28a	B11a_Boy	If other specify				
29	B12_Boy	Was the guilty person arrested?	Yes No SKIPE BY PARTICIPANTS	1 2 999		
30	B13_Boy	Please tell us why you did not report the violence?	Fear of not being believed or being accused of lying Feelings of shame, guilt, humiliation and embarrassment Fear of upsetting the stability of the family The abuser threatened me not to tell Fear of loss of financial support by the abuser I did not know who to report it to SKIPE BY PARTICIPANTS	1 2 3 4 5 6 999		
31	B14_Boy	If sexual violence (in B2), were you referred to the clinic for post exposure prophylaxis (PEP)/treatment? (PEP is an ARV drug given to people exposed to HIV risk within 72 hours of exposure for 28 days and tested negative to HIV during the test period)	Yes No SKIPE BY PARTICIPANTS	1 2 999		
32	B15_Boy	In the past year, has anyone of the opposite sex touched you inappropriately (i.e. sensitive private body parts that make you uncomfortable)? if yes, initiate the distress protocol and alert GAP year mentor and social worker for referral	Yes No SKIPE BY PARTICIPANTS	1 2 999		
33	B16_Boy	If given the support and opportunity, will you consider reporting the violence (if yes, initiate the distress protocol and alert GAP year mentor and social worker for referral)	Yes No SKIPE BY PARTICIPANTS	1 2 999		
34	B17_Boy	If you have experienced cyberbullying	Email Twitter Instagram Whatsapp Phone call Youtube Facebook Snapchat Mxit Not experience cyberbullying Other SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 8 9 10 999		
35	B18_Boy	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	B17_Boy <> Other	
36	B19_Boy	Did you report the cyber bullying?	Yes No SKIPE BY PARTICIPANTS	1 2 999		
37	B20_Boy	Who was the person who cyberbullied you?	Friend Peer (someone you go to school with) Partner Stranger	1 2 3 4 5		

			Don't know Other SKIPE BY PARTICIPANTS	6 999			
38	B21_Boy	Have you hit your partner when she/he did something wrong?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
39	B22_Boy	Have you forced yourself onto a boy or girl that you were interested in or dating?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
41	C1_Boy	Have you ever used a method to prevent pregnancy (contraceptive method)?	Yes No SKIPE BY PARTICIPANTS	1 2 999			No --> C10_Boy
42	C2_Boy_43	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Condoms	1			
42	C2_Boy_122	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Injection	2			
42	C2_Boy_208	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Pill	3			
42	C2_Boy_257	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Vaginal ring	4			
42	C2_Boy_70	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Emergency contraceptives (morning after pill)	5			
42	C2_Boy_120	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Implant	6			
42	C2_Boy_127	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Intrauterine Device (IUD)	7			
42	C2_Boy_11	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Abstinence	8			
42	C2_Boy_252	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Thigh sex	9			
42	C2_Boy_263	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	Withdrawal	10			
42	C2_Boy_999	If yes, which prevention (contraceptive) method have you or your partner used? (Tick those that are apply to you)	SKIPE BY PARTICIPANTS	999			
43	C3_Boy	Have YOU ever used condoms?	Yes No SKIPE BY PARTICIPANTS	1 2 999			No --> C5_Boy
44	C4_Boy_96	Where did you get the condoms from?	Government clinic	1			
44	C4_Boy_29	Where did you get the condoms from?	Bought from the shop	2			
44	C4_Boy_95	Where did you get the condoms from?	Got from a friend	3			
44	C4_Boy_169	Where did you get the condoms from?	Other	4			
44	C4_Boy_999	Where did you get the condoms from?	SKIPE BY PARTICIPANTS	999			
45	C5_Boy	Do you know if your partner is currently using any prevention (contraceptive) method to avoid falling pregnant?	Yes No Not applicable because do not have a partner SKIPE BY PARTICIPANTS	1 2 3 999			No --> C11_Boy
46	C6_Boy	If yes, please specify the prevention (contraceptive) method your partner is currently using (Tick those that apply to you)	Condoms Injection Pill Vaginal ring Emergency contraceptives (morning after pill)	1 2 3 4 5 6			

			Implant Intrauterine Device (IUD) Abstinence Thigh sex Withdrawal SKIPE BY PARTICIPANTS	7 8 9 10 999			
47	C7_Boy	How long has your partner been using this method?	COUNT (HOW MANY MONTHS)	1-3 months 4-6 months 7-9 Months 10-12 Months More than 12 months 999			

			SKIPE BY PARTICIPANTS				
48	C8_Boy	Was it your choice to start using prevention (contraceptive) method?	Yes No SKIPE BY PARTICIPANTS	1 2 999			Yes --> C11_Boy
49	C9_Boy	If no, who made the decision for you	Parents/guardian Aunt/grandmother Partner Other SKIPE BY PARTICIPANTS	1 2 3 4 999			
50	C10_Boy	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	C9_Boy <=> Other		
51	C11_Boy	Have you heard of the term HIV? (use local terms)	Yes No SKIPE BY PARTICIPANTS	1 2 999			No --> C13_Boy
52	C12_Boy	What does it stand for?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			
53	C13_Boy	Have you ever been tested for HIV?	Yes No SKIPE BY PARTICIPANTS	1 2 999			No --> S_D_Boy
54	C14_Boy	How many HIV tests have you had in the last 12 months?	Once Twice More than three times SKIPE BY PARTICIPANTS	1 2 3 999			
55	C15_Boy	Were you told the results of your last HIV test?	Yes No SKIPE BY PARTICIPANTS	1 2 999			No --> S_D_Boy
56	C16_Boy	Have you told anyone the results of your HIV test?	Yes No SKIPE BY PARTICIPANTS	1 2 999			No --> C19_Boy
57	C17_Boy	If yes, who did you tell?	Parent Partner (boyfriend/girlfriend) Friend Other SKIPE BY PARTICIPANTS	1 2 3 4 999			
58	C18_Boy	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	C17_Boy <=> Other		
59	C19_Boy	Are you able to talk to your parents about dating and what's going on with your body?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
61	D1_Boy	Are you currently dating or in a relationship?	Yes No SKIPE BY PARTICIPANTS	1 2 999			No --> D6_Boy
62	D2_Boy	Which age category does your partner belong to?	Younger than me Same age as me 1-2 years older	1 2 3			

			3-5 years older 5-10 years older More than 10 years older I don't know SKIPE BY PARTICIPANTS	4 5 6 7 999			
63	D3_Boy	Are you also dating someone else?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
64	D4_Boy	How would you describe your relationship with your partner(s)?	Casual Serious SKIPE BY PARTICIPANTS	1 2 999			
65	D5_Boy	How many partners have you had in your lifetime?	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46			

			I can't remember SKIPE BY PARTICIPANTS	3 999		
72	D12_Boy	Did you have a few drinks before having sex?	Yes No I can't remember SKIPE BY PARTICIPANTS	1 2 3 999		I can't remember --> D14_Boy No --> D14_Boy
73	D13_Boy	If yes, how many drinks did you have?	One 1-3 Greater than 3 SKIPE BY PARTICIPANTS	1 2 3 999		
74	D14_Boy	Did you take drugs before sex?	Yes No Can't remember SKIPE BY PARTICIPANTS	1 2 3 999		Can't remember --> D18_Boy No --> D18_Boy
75	D15_Boy	If yes, what did you take?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999		
76	D16_Boy	If no, please tell us why?	Wait for the right moment Don't feel ready Sex before marriage is wrong Afraid of getting pregnant Afraid of getting HIV Wait until marriage Wait until I find someone suitable Other reasons SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 8 999		
77	D17_Boy	Other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	C16_Boy <> Other reasons	
78	D18_Boy	Have you ever discussed contraception with your partner?	Yes No SKIPE BY PARTICIPANTS	1 2 999		No --> D24_Boy
79	D19_Boy	If yes, did you discuss contraception or having safe sex before or after you first had sex?	Before first sex After first sex SKIPE BY PARTICIPANTS	1 2 999		
80	D20_Boy	What is the main method that you used to prevent pregnancy in your partner? (select the main method only)	Condoms Pill Injection Withdrawal (i.e. pulling out of penis) Understanding my menstrual cycle IUD Thigh sex Morning after pill No method Other SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 8 9 10 999		
81	D21_Boy	Whose decision was it to use this method?	My decision His/her decision Joint decision SKIPE BY PARTICIPANTS	1 2 3 999		
82	D22_Boy_44	Think about the last time you used contraception, where did you get it from? (circle only one)	Corner Shop	1		
82	D22_Boy_203	Think about the last time you used contraception, where	Pharmacy	2		

			Terminated Miscarriage Live-birth SKIPE BY PARTICIPANTS	2 3 4 999		pregnant & miscarriage ->D33 Terminated --> D29_Boy Live-birth --> D32_Boy
90	D29_Boy	If your partner terminated the pregnancy, where did she/both of you have this done?	Public clinic Private Clinic Other Back door SKIPE BY PARTICIPANTS	1 2 3 4 999		
91	D30_Boy	If other, please specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	D29_Boy <-> Other	
92	D31_Boy	Whose decision was it to terminate the pregnancy?	Mine Partner Parent SKIPE BY PARTICIPANTS	1 2 3 999		
93	D32_Boy	If live birth, where is the baby now?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999		
94	D33_Boy	Some people pay money or give gifts in exchange for sex. Has this ever happened to you?	Yes No SKIPE BY PARTICIPANTS	1 2 999		No --> D42_Boy
95	D34_Boy	If yes, would you call this person your 'blesser'?	Yes No SKIPE BY PARTICIPANTS	1 2 999		
96	D35_Boy	If yes, how long have you had a 'blesser'?	COUNT (MONTHS)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27		

				28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
97	D36_Boy	How old is the 'blesser'?	SKIPE BY PARTICIPANTS DON'T KNOW COUNT (AGE)	8888 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36			

				37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 999			
98	D37_Boy	Where did you meet him/her? (name the place)	SKIPE BY PARTICIPANTS TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			

99	D38_Boy	What has he/she 'given' you with?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999		
100	D39_Boy	What did they expect from you?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999		
101	D40_Boy	Since you have been 'blessed', what have you actually given in return?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999		
102	D41_Boy	Do you feel you can control the decisions made in this relationship?	Yes No SKIPE BY PARTICIPANTS	Yes No 999		
103	D42_Boy	Do you feel any pressure from others to have sex?	Yes No SKIPE BY PARTICIPANTS	1 2 999		No --> S_F_Boy
104	D43_Boy	If yes, from whom do you feel pressure (TICK all that apply)	Friends Relatives Parents Partner Other SKIPE BY PARTICIPANTS	1 2 3 4 5 999		Other --> D44
105	D44_Boy	Other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999		
107	F1_Boy	I think it is okay to beat up a partner if they do something wrong	Agree Disagree Don't know SKIPE BY PARTICIPANTS	1 2 7 999		
108	F2_Boy	I think it is okay to punch or hit my partner with something that hurts them if they do something wrong	Agree Disagree Don't know SKIPE BY PARTICIPANTS	1 2 7 999		
109	F3_Boy	I think it is okay to use a knife or another weapon against my partner if they do something wrong	Agree Disagree Don't know SKIPE BY PARTICIPANTS	1 2 7 999		
110	F4_Boy	I think is okay to force someone to have sex if they don't want to	Agree Disagree Don't know SKIPE BY PARTICIPANTS	1 2 7 999		
113	E1_Boy	Has anyone spoken to you about circumcision and what it means?	Yes No SKIPE BY PARTICIPANTS	1 2 999		No --> E3_Boy
114	E2_Boy	If yes, who spoke to you?	Father Mother Grandfather Uncle Brother Friend Other SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 999		
115	E3_Boy	Are you circumcised?	Yes No Not sure SKIPE BY PARTICIPANTS	1 2 3 999		Yes --> E7_Boy
116	E4_Boy	If, 'No' can you tell us why you are not circumcised?	Religious reasons Cultural reasons	1 2		

			Personal Choice Complications such as (Infections, Impotent, Bleeding) Other SKIPE BY PARTICIPANTS	3 4 5 999			
117	E5_Boy	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	E5_Boy <> Other		
118	E6_Boy	If no, would you consider being circumcised?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
119	E7_Boy	If circumcised, where was the circumcision performed:	Clinic /hospital Initiation Camp Other SKIPE BY PARTICIPANTS	1 2 3 999			
120	E8_Boy	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	E7_Boy <> Other		
121	E9_Boy	What is the reason for getting circumcised?	Medical reasons Religious reasons Cultural reasons Hygiene benefits Perceived health benefits Perceived sexual benefits Because I was told to by an elder SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 999			